

June 1, 2006

Montana Medicaid Notice Outpatient Hospitals

Notice of Coverage for New Services

Cardiac and Pulmonary Rehabilitation Services

Coverage for medically necessary outpatient cardiac and pulmonary rehabilitation services is effective January 1, 2006.

- All cardiac and pulmonary rehabilitative services must be medically necessary and prior authorized by the department's designated review organization.
- The following conditions are contraindications to cardiac or pulmonary rehabilitation. Patients with one or more contraindications are not eligible for cardiac or pulmonary rehabilitation:
 - Severe psychiatric disturbance including, but not limited to, dementia and organic brain syndrome; or
 - Significant or unstable medical conditions including, but not limited to, substance abuse, liver dysfunction, kidney dysfunction, and metastatic cancer.
- The service limitations may be waived for extenuating circumstances on a case-by-case basis by the department.
- Covered services are limited to outpatient hospital departments only. Services rendered in a clinic or physician office are not a covered benefit.
- PASSPORT referral is required for courses of treatment started after June 15, 2006.

Cardiac Rehabilitation

Services are limited to the following:

- Up to three visits per week for eight weeks, limited to the following cardiac events and diagnoses eligible for cardiac rehabilitation benefits:
 - Myocardial infarction;
 - Coronary angioplasty;
 - Valvular surgery;
 - Congestive heart failure; and
 - Heart-lung transplant.

- Services are limited to Phase I cardiac rehabilitation provided in the hospital immediately following the cardiac event or diagnosis and after hospital discharge and Phase II services if they are initiated within four months of the event or diagnosis and require EKG monitoring with a medical doctor present in the same building.
- Bill using revenue code 943. CPT/HCPCS codes range from G0237, 93797-93798 and G0367. G0368 is **not** allowed. Code appropriately according to the service delivered.

Pulmonary Rehabilitation

Services are limited to the following:

- A maximum of 36 hours over a period not less than two weeks and not more than six weeks, limited to one of the following diagnoses:
 - Persistent asthma;
 - Emphysema;
 - Chronic bronchitis;
 - Bronchiectasis;
 - Interstitial lung disease; and
 - Chronic airway obstruction.
- If applicable, the patient must have ceased smoking or be in a smoking cessation class.
- The following pulmonary rehabilitation services are not covered:
 - Education, treatment, and therapies that are not individualized to a specific patient need or are not an integral part of the treatment session;
 - Routine psychological screening and treatment where intervention is not indicated;
 - Films/videos;
 - Duplicate services;
 - Maintenance care when there is no expectation of further improvement;
 - Treatment that is not medically necessary because the patient requires a general strengthening and endurance program only; and
 - Treatment that is not medically necessary because the patient is at an early stage of pulmonary disease as demonstrated by a lack of significant findings in diagnostic testing.
- Bill using revenue code 419. CPT/HCPCS codes range from G0237, 94010, 94014-94016, 94060, 94070, 94150, 94200, 94240, 94250, 94260, 94350, 94360, 94370, 94375, 94400, 94450-94453, 94620-94621, 94640-94642, 94656-94657, 94660-94668, 94680-94681, 94690, 94720, 94725, 94750, 94760-94762, 94770 and 94799. Code appropriately according to the service delivered.

Request forms for prior authorization of services by contacting:

Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
Phone: Local - 443-4020, ext. 5850, Toll free - 1-800-262-1545
Fax: Local - 443-4584, Toll free - 1-800-497-8235

Prior to October 1, 2006, you may obtain forms from Mountain Pacific Quality Health Foundation to request retro-authorization for courses of treatment started from January 1, 2006, through June 15, 2006.

Courses of treatment started after June 15, 2006, must have prior authorization and PASSPORT referral.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>